

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate FEE ADDRESS for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
Lisa A. Haile SPENSLEY HORN JUBAS & LUBITZ 4225 Executive Square, Ste. 1400 La Jolla, CA 92037		INVENTOR'S NAME Gary R. Grotendorst	
		Street Address 18401 Tomlinson Drive	
		City, State and ZIP Code Lutz, Florida 33549	
		CO-INVENTOR'S NAME Douglas M. Bradham, Jr.	
		Street Address 44 Acorn Circle, #202	
		City, State and ZIP Code Baltimore, MD 21204	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
05/167,628	12/14/92	004	SPECTOR, L	1812 08/03/94
First Named Applicant GROTENDORST LOS. GARY R.				

TITLE OF INVENTION  
H NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)  
(AS AMENDED)

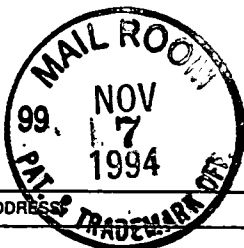
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 DD1294	530-359.000	D18	UTILITY	YES	\$585.00	11/03/94

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Lisa A. Haile SPENSLEY HORN JUBAS & LUBITZ 4225 Executive Square, Ste. 1400 La Jolla, CA 92037 Telephone (619) 455-5100	1 _____ 2 _____ 3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: University of South Florida	(2) ADDRESS: (CITY & STATE OR COUNTY) 4202 East Fowler Av. Tampa, FL 33625	<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 (Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION		6b. The following fees should be changed to:	
		DEPOSIT ACCOUNT NUMBER 19-3725 (ENCLOSED PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. <b>PLEASE NOTE:</b> Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest of record) Lisa A. Haile (Date) 11/3/94	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE



PART C—CHARGE TO DEPOSIT ACCOUNT

## 1. CORRESPONDENCE ADDRESS

LISA A. SUMMERS, PH.D.  
SPENCER HOTH JUDAS & RUBIN  
SUITE 300  
1880 CRENSHAW PARK EAST  
LOS ANGELES, CALIFORNIA 90008

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
00/167 618	12/14/93	001	EXPERIMENTAL	12/14/93
First Named Applicant: BRITCHMANT, LISA GARY B.				

TITLE OF INVENTION: A NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)  
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
001034	350-359.000	018	UTILITY	YES	\$285.00	1/16/94

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## 2a. The following fees are enclosed:

☐ Issue Fee ☐ Advanced Order - # of Copies \_\_\_\_\_ (Minimum of 10)

## 2b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER \_\_\_\_\_

☒ Issue Fee ☒ Advanced Order - # of Copies 10  
☐ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in Interest of record)

*Lisa A. Maile*

(Date)

*11/3/94*

NOTE: The Issue Fee will not be accepted from anyone other than applicant; a registered attorney or agent; or the assignee or other party in Interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

## PART B—ISSUE FEE TRANSMITTAL

**MAIL ROOM** **1244** **BEL** **#37**

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1. CORRESPONDENCE ADDRESS

Lisa A. Haile  
SPENSLEY HORN JUBAS & LUBITZ  
4225 Executive Square, Ste. 1400  
La Jolla, CA 92037

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Gary R. Grotendorst

Street Address

18401 Tomlinson Drive

City, State and ZIP Code

Lutz, Florida 33549

CO-INVENTOR'S NAME

Douglas M. Bradham, Jr.

Street Address

44 Acorn Circle, #202

City, State and ZIP Code

Baltimore, MD 21204

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/167,028	12/14/93	004	SPECTOR, L	08/03/94
First Named Applicant: GROTENDORST LOS. GARY R. 11/79				

TITLE OF INVENTION

NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)  
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 DD1294	530-399.000	D18	UTILITY	YES	\$585.00	11/03/94

3. Correspondence address change (Complete only if there is a change)

Lisa A. Haile  
SPENSLEY HORN JUBAS & LUBITZ  
4225 Executive Square, Ste. 1400  
La Jolla, CA 92037  
Telephone (619) 455-5100

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

TW11106 11/17/94 08167628  
TW11107 11/17/94 08167628

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19-3725 110 242 605.00CH  
19-3725 110 561 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

University of South Florida

(2) ADDRESS: (CITY &amp; STATE OR COUNTY)

4202 East Fowler Av., Tampa, FL 33625

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

A. ☐ This application is NOT assigned.

- ☐ Assignment is being previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies 10

(Minimum of 10)

6b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER 19-3725

(ENCLOSED PART C)

☐ Issue Fee ☒ Advanced Order - # of Copies 10

(Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

Lisa A. Haile

(Date)

11/3/94

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TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE